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Under the Paper and	GEWARK CO.		U	.S. Patent and	Trademar	k Office:	PTO/SB/21 (09-04) through 07/31/2006. OMB 0651-0031 U.S. DEPARTMENT OF COMMERCE
Under the Patientyons	Remedon Actor 1995	. no derson	Application Number			ı unless i	displays a valid OMB control number.
TRANSMITTAL FORM		Filling Date		10/696,470 October 28, 2003			
		First Named Inventor		David L. Poole			
' `			Art Unit	3765	2. 1 00		
			Examiner Name		I Hoo		
(to be used for all corre	spondence after initial		Attorney Docket Number		L. Hoe	у	
Total Number of Pages i	n This Submission	10		PLE 3	03		
		ENCI	LOSURES (Check	all that app	ly)		
Fee Transmittal	Form		Drawing(s)				Allowance Communication to TC
Fee Attac	ched	_ '	Licensing-related Papers			of Ap	al Communication to Board peals and Interferences
Amendment/Rep	ly		Petition				al Communication to TC al Notice, Brief, Reply Brief)
After Fina	al		Petition to Convert to a Provisional Application		Proprietary Information		
Affidavite	/declaration(s)		Power of Attorney, Revocations of Correspondence			Status	s Letter
	. , ,			e Address			Enclosure(s) (please Identify
- Extension of Time Request			Terminal Disclaimer below):):		
Express Abando	nment Request		Request for Refund				:
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			Landscape Table on	CD			
Certified Copy of Priority Document(s) Remarks							
Reply to Missing	Parts/						
Incomplete Appli							
	CFR 1.52 or 1.53						
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT							
	ch Hartwell, P.C). 					
Signature							
Printed name David S. D'Ascenzo							
Date Febru	uary 17, 2005			Reg. No.	39,95	52	
						-	
CERTIFICATE OF TRANSMISSION/MAILING							
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Signature							
Typed or printed name David S. D'Ascenzo Date February 17, 2				February 17, 2005			

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PTO/SB/17 (12-04)

Approved for use through 07/31/2008. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Panerwork Reduction Act of 1995, no nersons are required to re

	Effective on 1	2/08/2004.	
es pursuant to the	Consolidated App	propriations Act. 20	05 (H.R. 4818).
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	For FY	2005	

X Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$)	225.00
(Ψ)	220.00

Complete if Known				
Application Number	10/696,470			
Filing Date	October 28, 2003			
First Named Inventor	David L. Poole			
Examiner Name	Alissa L. Hoey			
Art Unit	3765			
Attorney Docket No.	PLE 303			

METHOD OF PAYMENT (check all that apply)							
METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 11-1540 Deposit Account Name: Kolisch Hartwell, P.C. For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee winder 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.							
FEE CALCULATION							
1. BASIC FILING, SE. Application Type Utility Design Plant Reissue Provisional 2. EXCESS CLAIM FI Fee Description Each claim over 20 or, Each independent claim Multiple dependent claim	FILING 6 Fee (\$) 300 200 200 300 200 EES for Reissues, n over 3 or, for	EES mall Entity Fee (\$) 150 100 100 150 100 each claim ov	SEARCH 500 100 300 500 0	mall Entity Fee (\$) 250 50 150 250 0 ore than in 1	Fee (\$) 200 130 160 600 0	TION FEES mall Entity Fee (\$) 100 65 80 300 0 extent he original p	Fees Paid (\$) Small Entity Fee (\$) Fee (\$) 50 25
Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims HP = highest number of total claims paid for, if greater than 20 Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) HP = highest number of independent claims paid for, if greater than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) - 100 =							
Other: Petition for Extension of Time (2 months) 225.00							

SUBMITTED BY		
Signature	Registration No. (Attorney/Agent) 39,952	Telephone (503) 224-6655
Name (Print/Type) David S. D'Ascenzo		Date February 17, 2005

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